



Electric Service and Co-op Membership ADDITIONAL AUTHORIZED REPRESENTATIVES

W7725 US Hwy 10 • PO Box 420 • Ellsworth, WI 54011 • (800) 924-2133 • Fax (715) 273-4476 • www.piercepepin.coop

Member Name/Business Name: _____

Service Address: _____

Pierce Pepin Use Only	
Member #	_____
Account #	_____
Date Received	_____

Authorized Representative 1: _____
First MI Last

Title or Office (if Business): _____

Mailing Address: _____

Primary Personal/ Business Phone*: _____ Direct Business Phone*: _____ Cell Phone*: _____

E-mail Address: _____

Authorized Representative 2: _____
First MI Last

Title or Office (if Business): _____

Mailing Address: _____

Primary Personal/Business Phone*: _____ Direct Business Phone*: _____ Cell Phone*: _____

E-mail Address: _____

Authorized Representative 3: _____
First MI Last

Title or Office (if Business): _____

Mailing Address: _____

Primary Personal/Business Phone*: _____ Direct Business Phone*: _____ Cell Phone*: _____

E-mail Address: _____

Special Instructions (Complete this section only if Member wants to limit the authority of one or more of the Authorized Representatives to act on behalf of Member regarding Member's account(s) with PPCS. Important: Member should carefully read the provisions on the following page of this form).

By completing and submitting this form to Pierce Pepin Cooperative Services (PPCS), the Member is providing authority to the named Authorized Representative(s) to act on the Member's behalf regarding any accounts that Member may hold with PPCS. This includes, but is not limited to, the authority to:

- request and receive billing records, billing history and all meter usage data used for bill calculation;
- request and receive copies of correspondence in connection with Member's account(s);
- make changes to the Member's account, including but not limited to the location of service, billing address, participation in PPCS programs and special offerings, and the type of service to be provided;

In certain instances, the actions of an Authorized Member may result in additional costs to the member. Member may limit the authority of one or more Authorized Representatives by completing the "Special Instructions" section above. For example, Member may authorize an Authorized Representative to have access to Member's account for informational purposes only but without giving authorization to make changes to Member's account. Member may also limit the type of information to which an Authorized Representative will have access or the types of account changes that an Authorized Representative may perform. Member may also limit the authority of one or more Authorized Representatives while granting greater or unlimited authority to other Authorized Representatives.

If the Member does not complete the "Special Instructions" section, the Member shall be deemed to have provided full and complete authority to the designated Authorized Representatives to act on Member's behalf, including unlimited authority to have access and/or make changes to Member's account. It is the Member's sole responsibility to specify any limitations on any Authorized Representative's authority. Member will be bound by any actions regarding Member's account(s) with PPCS performed by an Authorized Representative as authorized herein.

Member hereby releases, holds harmless, and indemnifies PPCS from any liability, claims, demands, causes of action, damages, or expenses arising out of or resulting from: 1) any release of information to an Authorized Representative pursuant to this Authorization; 2) the unauthorized use of this information by Member's Authorized Representative; and 3) from any actions taken by an Authorized Representative pursuant to this Authorization, including changes to Member's account. Member understands that Members may cancel or modify this authorization at any time by submitting a written request. This authorization shall remain in effect indefinitely unless and until Member submits a written request to PPCS to modify or cancel it. PPCS is not responsible for confirming that Member approves of any actions taken by an Authorized Representative concerning any of Member's accounts with PPCS.

***Autodial Phone Notification:** At least one phone number must be listed for each Authorized Representative. By providing the phone numbers for any designated Authorized Representative, the Applicant/Member represents and warrants to PPCS that the Applicant/Member and any Authorized Representatives designated by Applicant/Member consent to receive telephone notifications as provided in the PPCS Electric Service and Co-op Membership Terms and Conditions. Such telephone notifications may include, but not be limited to, matters involving service or interruptions in service, emergencies, past due bills, account collections, and other communications about Applicant's account. See the PPCS Electric Service and Co-op Membership Terms and Conditions for further information.

By signing below, Member certifies that the Authorized Representatives listed herein are authorized by Member to access and/or make changes to Member's account, subject only to such limitations that Member's specifies herein.

APPLICANT/MEMBER: _____	
Signature	Date Signed